

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Ogawa	Robert	T.	808-521-4265
MAILING ADDRESS (Street)			FAX
1188 Bishop Street, Suite 3105			808-545-8369
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

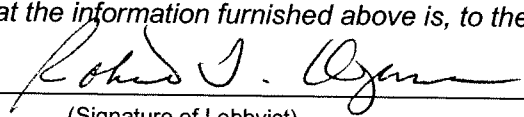
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Schering Corporation		908-298-3635
MAILING ADDRESS (Street)		FAX
2000 Galloping Hill Road		908-298-4750
(City)	(State)	(Zip Code)
Kenilworth	NJ	07033
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Eleanor A. Joseph		404-636-5044
MAILING ADDRESS (Street)		FAX
1776 Century Blvd, Suite A		770-853-8778
(City)	(State)	(Zip Code)
Atlanta	GA	30345

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | <u>Pharmaceuticals</u> |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

5-4-04
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Cynthia Suzuki	National Director, State Government Affairs

NAME OF ORGANIZATION (if applicable)

Schering Corporation

TELEPHONE

908-298-3635

MAILING ADDRESS (Street)

2000 Galloping Hill Road

FAX

908-298-4750

(City)

Kenilworth

(State)

NJ

(Zip Code)

07033

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

4/5/07
(Date)